

San Diego County Emergency Medical Services



Check One

- ☐ County EMS System Identification Card (Sections 1, 2, & 7)
☐ EMT-1 Certification/Recertification (Sections 1, 3, 6, & 7)
☐ EMT-Paramedic Accreditation/Renewal (Sections 1, 4, 6, & 7)
☐ EMT-Esophageal Tracheal Airway Device Accreditation (Sections 1, 6, & 7)
☐ PS-Defibrillation Accreditation (Sections 1, 6, & 7)
☐ Mobile Intensive Care Nurse Authorization/Reauthorization (Sections 1, 5, 6 & 7)

Section 1 Personal Information

Last Name: _____ First Name: _____ MI: _____

Address/Street/P.O. Box/Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Social Security Number: _____ Date of Birth (MM/DD/YYYY) _____

San Diego County EMS System Employer: _____

Section 2 ID Card Applicants: (Circle)

YES NO Have you ever been certified as an EMT-1 in the County of San Diego? If YES, indicate the previous certification # _____

YES NO Are you a Registered Nurse?

Section 3 EMT-1 Applicants: (Check)

☐ **New Certification** in San Diego County. If you have been previously certified as an EMT-1 by another county/state within the last 4 years, indicate the county/state of certification. _____

☐ **Recertification** - Former EMT-1 certification in San Diego County. Enter prior San Diego County EMT-1 Certification # _____

Date of your last EMT-1 exam: _____ Testing Agency: _____

Section 4 EMT-P Accreditation: (Check one) California State EMT-P License Number: _____ Exp. Date: _____

☐ **New Accreditation**

☐ **Renewal** - Former Accreditation in San Diego County. Enter prior San Diego County Accreditation # _____

Section 5 MICN Applicants: (Check one) California RN License Number _____ Exp. Date: _____

☐ **New Authorization** - Attach proof of completion of MICN training, verification of ride-along, and orientation to the base hospital.

☐ **Reauthorization** - Complete education section on reverse side.

Section 6 Applicants for EMT-1, EMT-P, EMT-ETAD, PS-D and MICN: (Circle - Answer all questions)

YES NO Is your License, Certification, Authorization, or Accreditation currently on probation or suspension?

YES NO Have you ever had a Prehospital License, Certification, Authorization or Accreditation suspended, denied or revoked? If YES, or if you have ever been placed on probation or are under investigation at this time, you must attach with this application a written explanation that describes the action, and any corrective action, and/or remediation as a result of the action.

YES NO Has your existing License, Certification, Authorization, or Accreditation lapsed? If YES, enter the date of lapse. _____

YES NO Have you ever been convicted of any felony or misdemeanor offense in California or any other county/state, including entering a plea of nolo contendere or no contest? (You must answer this question or your application will be returned.) If YES, attach any applicable court documents and police reports. You must disclose any conviction which has been expunged under Penal Code Section 1203.4.

Section 7 All Applicants: (Sign and Date)

I hereby certify that all information contained on this application and accompanying documents is true and correct to the best of my knowledge and belief. I understand that any falsification or omission of material facts may cause forfeiture on any part of my San Diego County Certification, Authorization, or Accreditation. I understand all information on this application is subject to verification or audit and I hereby give my permission for the County of San Diego and its agents to verify the information herein.

Signature: _____ Date: _____

Lic/Cert/Accred/Auth	Issue Date	Expiration Date	Last Test Date	Data Entry

MICN - Complete the Continuing Education Table below, listing a minimum of **24 Hours** of field care activity

DATE	PROVIDER NAME	TITLE OF COURSE	HOURS	BLS/ALS

Questions or Comments

EMT-1 Written Testing Schedule: Southwestern College (SWC) (619)-482-6352

EMT-P Accreditation Workshop: Palomar College (760)-744-1150 ext. 8150

EMT-P State Licensure: California State EMS Authority (916) 322-4336

ID Cards, EMT-1, EMT-P, EMT-ETAD, PS-D and MICN Certifications: County of San Diego EMS (619)-285-6429

ATTACHMENTS

If processing via mail please include 2 photos (1" x 1 1/2"), check/money order for \$15.00, stamped self-addressed envelope, plus the following applicable documents:

County EMS System ID Cards:

- Copy of out-of-county EMT-1 Certification Card or California State Fire Marshall Card
- Copy of current CPR Card (Health Care Provider or Professional Rescuer)

EMT-1 Certification/Recertification:

- Copy of current CPR Card (Health Care Provider or Professional Rescuer)
- Copy of course completion certificate (Basic/Refresher) or documentation of CE course by non-state of California prehospital CE provider. If challenging, a copy of previous or out-of-state EMT-1 Basic Licensure and a copy of refresher course completion certificate with testing documentation, or National Registry Card and system orientation workshop course completion certificate.

EMT-ETAD Accreditation:

- Copy of current CPR card (Health Care Provider or Professional Rescuer)
- Copy of Current EMT Certification
- Copy of ETAD Course completion

PS-D Accreditation:

- Copy of current CPR card (Health Care Provider or Professional Rescuer)
- Copy of record of Public Safety First Aide Training
- Copy of Defibrillator Course completion

EMT-P Accreditation/Renewal:

New Copy of ACLS Card
 Copy of State License
 Copy of Certificate of Completion from an Accreditation Workshop (if applicable)

Renewal Copy of ACLS Card
 Copy of State License

MAIL TO:

**County of San Diego EMS
Attn: Certification Processing
6255 Mission Gorge Road
San Diego, CA 92120-3599**